

OASIS Burden Reduction Web cast and Satellite Broadcast -Handout Package

Topic 7: Branch Identification

Presenter: Tracey Mummert

Graphic1.

EXAMPLE:

ABC Home Health Agency in Alabama has three branches.

ABC's Medicare Provider number = 017001.

ABC's branches would be:

- 01Q7001001
- 01Q7001002
- 01Q7001003

Graphic 2.

THE NAME, ADDRESS AND MEDICARE PROVIDER NUMBER FOR YOUR PARENT OR SUBUNIT HHA IS:

Name: _____

Address: _____

Provider Number: _____

The following are your branch locations and Federally-assigned branch identification number(s) associated with the above parent or subunit HHA:

Branch Name and Address

Branch Identification Number

1. _____

2. _____

Graphic 3

Graphic 3

(M0016) Branch ID Number: _ _ _ _ _

Graphic 4.

<http://cms.hhs.gov/oasis/hhnew.asp>

Graphic 5.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, MD 21244-1850

Ref: S&C-02-37

DATE: August 2, 2002

FROM: Director
Survey and Certification Group
Center for Medicaid and State Operations

SUBJECT: Assigning Provider Identification Numbers To Home Health Agency Branches -
ACTION

TO: Associate Regional Administrators, DMSO
State Survey Agency Directors

6.

<http://www.cms.hhs.gov/medicaid/ltcsp/ltcmemos.asp>



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SUBJECT: Assigning Provider Identification Numbers To Home Health Agency Branches -
ACTION

TO: Associate Regional Administrators, DMSO
State Survey Agency Directors

Effective immediately, the Centers for Medicare & Medicaid Services (CMS) will begin to assign identification numbers to every existing branch of a parent home health agency (HHA) and subunit. The identification system will be implemented nationally and will uniquely identify every branch of every HHA certified to participate in the Medicare home health program. It will also link the parent or subunit to the branch.

Having a system to identify branches will give us the capability of associating survey results with individual HHA branches. Also, by submitting the branch identification number on Outcome and Assessment Information Set (OASIS) assessments, we will have the capability of developing outcome reports that will help HHAs differentiate and monitor the quality of care delivered by their agencies down to the HHA branch level.

Each branch will be numbered with the same Federally assigned provider number as the parent or subunit with two modifications. There will be a "Q" between the state code and four-digit provider designation plus three more digits for a 10-character branch identifier. The last three digits will allow us the capability of assigning up to 999 branches to one parent or subunit HHA. Branch identification numbers will be used only once. In the event that an HHA branch closes, its unique branch identification number is terminated and not re-used to identify another branch of that HHA or subunit.

EXAMPLE:

- ABC Home Health Agency in Alabama has three branches.
- ABC Home Health Agency in Alabama = Medicare Provider number 017001.
- ABC's branches would be assigned the branch identification numbers 01Q7001001, 01Q7001002, and 01Q7001003.

Page 2 – Associate Regional Administrators, DMSO; State Survey Agency Directors

Most of the programming in the Automated Survey Processing Environment (ASPEN) system to accommodate a Federal branch identification system has been done; however, work remains to create the actual branch identification field in both the ASPEN and Online Survey and Certification and Reporting (OSCAR) systems. Currently, branch demographic information can be entered into the ASPEN certification window. The addition of a branch identification field will allow data entry of the branch identification number into ASPEN. This field is not expected to be available until October, as system upgrades must take place according to an existing schedule.

HCFA-1572 and Assignment of Branch Identification Numbers

In the meantime, regional offices (ROs) must assure that the process to assign branch identification numbers begins according to the RO's existing policies for assignment of provider numbers. The HCFA-1572, which captures survey and deficiency information on every survey, requests branch information at field G17 that includes an HHA's total number of branches and name and address of each branch location. This information should be entered into ASPEN after every survey as part of the survey kit. ROs must ensure that current branch information is collected on every state agency home health survey so that an identification number can be assigned, as applicable.

Given the priority CMS has placed on numbering HHA branch offices, ROs must assure that all branch locations nationwide are identified, enumerated, and entered into ASPEN by the end of calendar year 2003. For some ROs and states, we anticipate it will take less time than this to complete. Based on our preliminary research, many state agencies already collect and maintain this information in some fashion. If the state's database is current, assigning branch identification numbers can begin immediately. As surveys are conducted, states should verify that the information they have on branch locations is current and accurate.

Branch Identification Numbers and OASIS

As branch identification numbers are assigned, the RO must ensure that HHAs and their respective branches are informed of their assigned branch identification number(s). A sample letter is attached to this memorandum for use by the RO or state to notify HHAs of their branch identification number(s). **At this time the fiscal intermediaries are not in need of branch identification information.**

HHAs will need this information to enter on OASIS item M0016 (Branch ID). Currently this OASIS data item is optional and can reflect a branch identification code that is defined by the HHA. We will issue changes to the OASIS completion instructions (Chapter 8 of the OASIS Implementation Manual) shortly that require the completion of this data item using the unique Federally-assigned branch identification number, when it is assigned.

October Release Schedule

Currently, ASPEN captures facility information from the HCFA-1572 as part of the survey kit and uploads it into ODIE. All that is missing right now is the ability to enter a branch identification number. When the branch identification field is available this October, ROs must begin to enter Federally-assigned branch identification numbers into ASPEN until the process is complete. States are encouraged to develop mechanisms to ensure that all branch information collected on paper is ultimately entered into ASPEN to avoid data gaps.

States using their own state-defined system of branch identification for Medicare-certified HHAs must use the Federal numbering scheme.

Background

Section 42 CFR 484.2 defines a branch office as a location or site from which an HHA provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the HHA and must be located sufficiently close to share administration, supervision, and services in a manner that renders it unnecessary for the branch independently to meet the Conditions of Participation as an HHA. However, delineating the term “sufficiently close” in a definitive manner has proven difficult. As a result, Section 506(a)(1) of the Medicare, Medicaid, and State Children’s Health Insurance Program Benefits Improvement and Protection Act of 2000 (BIPA) mandated that neither the time nor distance between a parent office of the HHA and a branch office shall be the sole determinant of an HHA’s branch office status. A detailed memorandum providing guidance for review of an HHA’s application for a branch office was published on May 10, 2002 (S&C-02-30).

To ensure prudent administration of our HHA program where time or distance between a parent and branch office location is no longer the sole determinant for approval, CMS will be looking to HHAs to provide assurances that the parent or subunit can adequately supervise the branch location. As such, in the future, we expect our oversight responsibilities to include more emphasis on oversight of care provided by HHA branches. In order to better accommodate branch oversight, we determined it would be prudent to implement a national numbering system to uniquely identify all branch offices. The concept of a national numbering system has been reiterated in a study recently conducted by the Government Accounting Office.

We are currently exploring how to incorporate branch surveys into the HHA survey schedule and to ensure that states and ROs have sufficient resources to accommodate any increase in the level of effort necessary to implement changes to the current process. We appreciate your cooperation in promoting national consistency in our program administration of HHAs.

I hope this information is helpful to you. If you would like to discuss this further, please contact Tracey Mummert at 410-786-3398 (email Tmummert@cms.hhs.gov) or Mavis Connolly at 410-786-6707 (email Mconnolly@cms.hhs.gov) of my staff.

Effective Date: The information contained in this memorandum is effective immediately.

Training: This policy should be shared with all survey and certification staff, surveyors, their managers, and the state/regional office training coordinator.

/s/
Steven A. Pelovitz

Attachment

Model Letter To HHAs Assigning Branch Identification Numbers

Dear HHA Administrator:

The Centers for Medicare & Medicaid Services (CMS) is assigning identification numbers to every existing branch of a parent home health agency (HHA) and subunit. The identification system is being implemented nationally and will uniquely identify every branch of every HHA certified to participate in the Medicare home health program. It will also link the parent or subunit to the branch.

This identification number is to be used on Outcome and Assessment Information Set (OASIS) item M0016 (Branch ID) when an assessment is done on a patient by qualified staff of a branch location. By submitting the branch identification number on OASIS assessments, we will have the capability of developing outcome reports that will help HHAs differentiate and monitor the quality of care delivered by their agencies down to the HHA branch level.

Each branch will be numbered with the same Federally assigned provider number as the parent or subunit with two modifications. There will be a "Q" between the state code and four-digit provider designation plus three more digits for a 10-character branch identifier. Branch identification numbers will be used only once. In the event that an HHA branch closes, its unique branch identification number is terminated and not re-used to identify another branch of that HHA or subunit.

On the next page, please review the information we have on file for your parent or subunit HHA and take note of your assigned branch identification numbers.

If you have any questions or concerns, or wish to submit additional information, please contact

Sincerely yours,

THE NAME, ADDRESS AND MEDICARE PROVIDER NUMBER FOR YOUR PARENT OR SUBUNIT HHA IS:

Name: _____

Address: _____

Provider Number: _____

The following are your branch locations and Federally-assigned branch identification number(s) associated with the above parent or subunit HHA:

Branch Name and Address

Branch Identification Number

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

